

COMPLAINT AFFIDAVIT

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

1. Complainant Name: _____
Address: _____ City: _____ Zip: _____
Telephone: Work: () _____ Home: () _____
2. Information about offending company or driver:
Company Name: _____ Vehicle or Permit # _____
Driver's Name: _____ Type of Service: _____

Details of Complaint

Date: _____ **Time:** _____ **Location:** _____

[illegible]

SIGNATURE OF COMPLAINING PARTY: _____

Sworn to before me this _____ day of _____, 200_____

My Commission Expires: _____

Notary Public, Harris County, Texas

THIS AFFIDAVIT MUST BE COMPLETED AND NOTARIZED BEFORE ANY ADMINISTRATIVE ACTION CAN BE TAKEN AGAINST A DRIVER

Fax To: Blanton Daniels, @ 281.233.2052
Mail To: City of Houston
Transportation Section
Blanton Daniels
5050 Wright Road
Houston, Texas 77032